

Multiple Dependent Claim
Fee Calculation Sheet
(For Use With Form PTO-875)

SERIAL NO.	FILING DATE
APPLICANT(S)	

CLAIMS

No.	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

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TOTAL IND.					
TOTAL DEP.					
TOTAL CLAIMS					

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